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U.S.

UTILITY PATENT APPLICATION TRANSMITTAL

(Chly for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	BER-P-03-060	<u> </u>
First Named Inventor of	7.8 060	
BERGERSEN	0 776	
Express Mail Label No	7536 100,	

ADDRESS TO:

MS Patent Application

Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.				ACCOMPANYING APPLICATION PARTS					
1. <u>M</u> 2. <u>M</u> 3. <u>M</u>	Specification Drawing(s) (35 USC 113) Declaration and POA a. Newly executed (OR FAX) b Copy from prior application (for continuation/divisional [Note Box 4 Bet] i. DELETION OF Signed statemes Inventor(s) name		ecuted (OR FAX m prior application nuation/divisional [Note Box 4 Be DELETION OF I Signed statement Inventor(s) name see 37 CFR 1.66 eference (usable interest of the prior app declaration is sup	Total Pages 33 Total Pages 7 Total Pages 02 ED COPY) In (37CFR 1.63(d)) with Box 14 completed) Iow] NVENTOR(S) Int attached deleting ed in the prior application, 3(d)(2) and 1.33(b). If Box 3b is checked) Solication, from which a soplied under Box 3b,	11. 12.		including ch Letter under English Trai Information Statement (Preliminary Return Rece (Should be Small Entity Statement f Status still p	Papers (cover sheet & leck for \$40.00 recordal r 37 CFR 1.41(c). Instation Document (if a) Disclosure IDS)/PTO-1449 Amendment eipt Postcard (MPEP 50 specifically itemized) I status under 37 CFR 1 liled in prior application, proper and desired The status of Priority Documen	cion fee coplicable) Copies of IDS Citations 03)
accompanying application and is hereby incorporated by reference therein.					14. Other: Communication regarding address				
14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: ☐ Continuation ☐ Provisional Conversion ☐ Divisional ☐ of prior application No: 60/441,619									
CLAIMS AS FILED									
			(1) R OF CLAIMS LOWED	(2) NUMBER FILED			(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE \$385.00
		TOTAL CLAIMS	<u>20</u>	<u>56</u>			<u>36</u>	9.00	324.00
		INDEPENDI CLAIMS	<u>ENT 03</u>	<u>05</u>			2	<u>43.00</u>	86.00
	ANY MULTIPLE DEPENDENT C ☐ YES ☒ NO					CLAIMS?		280.00	<u>0</u>
\$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75							<u>\$795.00</u>		
The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to DEPOSIT ACCOUNT NO. 50-0595 . A duplicate copy of this sheet is enclosed.									

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" under 37 C.F.R. §1.10 on the date indicated above and is addressed to:

MS Patent Application Asst. Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CONTENTS:

Our Case No.: BER-P-03-060

Patent application for: BERGERSEN

Entitled:

"A DENTAL APPLIANCE AND A SYSTEM AND A METHOD FOR REDUCING AN AMOUNT OF PATIENT COOPERATION TO TREAT A MALOCCLUSION USING THE DENTAL APPLIANCE"

ENCLOSED:

1. Patent Application Transmittal (in duplicate)

2. Specification (33 pages) (including one page abstract)

3. Drawings (7 sheets of 1, 2, 3, 4, 5, 6A, 6B, 7, 8, 9, 10, 11, 12, and 13

4. Check for \$795.00

5. Declaration and Power of Attorney

6. Return receipt postcard

Signature of person mailing documents and fees